

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037847

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1088

STATE FILE NUMBER

FILED NOV 5 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

Poplar Bluff

Length of stay in 1b

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

Lucy Lee Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Butler

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Qulin

d. STREET

ADDRESS

(If outside, give location)

Route # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

JAMES

ALFRED

WILLIAMS

4. DATE OF DEATH

Month

Day

Year

October 24, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Anna, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Sarah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Sarah Williams Qulin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

11 days

DUE TO (b)

Rupture, Circle of Willis, due to

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-13-62 to 10-24-62 and last saw her alive on 10-24-62

Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Brown Chapel Cemetery Near Broseley, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Greer Croy & Fitch Poplar Bluff, Mo. 11/1/1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
6128
20120
3
4 0
5 1
6
7 1
8 2
9330X
10
11
12 3-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip J. Casserly

Licensed Embalmer No.

4618

P. O. Address

Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.